

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 4-7-03.

I. DISPUTE

Whether there should be refund of \$3260.00 for CPT codes 99080, 97110, 99213, 97032, 97035, 97010, 97540, 97016, 97265 and 97014 rendered from 8-9-02 through 11-15-02.

II. FINDINGS

The requestor wrote a letter dated 1-8-03 to respondent requesting refund of \$3260.00 based on injury was not a workers' comp injury.

The requestor is in compliance with Rule 133.304(o) by requesting a refund within 45 days for the following services:

- The requestor noted that on 12-19-02 payment of \$15.00 was paid for date of service 8-9-02 with check number 04722594.
- The requestor noted that on 11-25-02 payment of \$278.00 was paid for date of service 10-9-02 with check number 04535094.
- The requestor noted that on 11-25-02 payment of \$173.00 was paid for date of service 10-14-02 with check number 036623395.
- The requestor noted that on 12-2-02 payment of \$208.00 was paid for date of service 10-21-02 with check number 04579559.
- The requestor noted that on 12-2-02 payment of \$214.00 was paid for date of service 10-25-02 with check number 04579559.
- The requestor noted that on 12-11-02 payment of \$214.00 was paid for date of service 10-30-02 with check number 04648209.
- The requestor noted that on 12-13-02 payment of \$243.00 was paid for date of service 11-1-02 with check number 04675783.
- The requestor noted that on 12-12-02 payment of \$257.00 was paid for date of service 11-6-02 with check number 04659442.
- The requestor noted that on 1-3-03 payment of \$232.00 was paid for date of service 11-15-02 with check number 04795734.

A refund of \$1834.00 is recommended.

The requestor did not timely request a refund for the following services:

- The requestor noted that on 10-10-02 payment of \$278.00 was paid for date of service 9-6-02 with check number 04207259.
- The requestor noted that on 10-15-02 payment of \$264.00 was paid for date of service 9-11-02 with check number 04239933.
- The requestor noted that on 10-15-02 payment of \$302.00 was paid for date of service 9-13-02 with check number 04239932.
- The requestor noted that on 10-29-02 payment of \$243.00 was paid for date of service 9-20-02 with check number 04340860.
- The requestor noted that on 10-31-02 payment of \$118.00 was paid for date of service 9-30-02 with check number 04359472.
- The requestor noted that on 11-4-02 payment of \$221.00 was paid for date of service 10-2-02 with check number 04381747.

Records submitted did not include a specific explanation per Rule 133.304(o)(2) why provider failed to make the payment requested.

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT codes 97110, 99213, 97032, 97035, 97010, 97540, 97016, 97265 and 97014 in the amount of **\$1834.00 Pursuant** to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$1834.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 18th day of March 2004.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division